

Vonda M. Watson
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/091665

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.	4											
TOTAL DEP.	8											
TOTAL CLAIMS	12											
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BEST AVAILABLE COPY

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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